

SEP 17 1941

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 30 dys
In this community 66 yr. 3 mos. 26 dys.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LILLIE BARRETT

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single (b) Single
divorced

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased April 7, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 26 If less than one day NO hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business Shoe worker

12. Name Patrick Barrett

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann McCabe

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Ford

(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG - 4 1941 (b) W. Ford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 915 Aubert Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day August
year 1941 hour 6.40 minute P. M.

21. I hereby certify that I attended the deceased from July 1st
1941 to August 2, 1941
that I last saw her alive on August 2nd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
1-1-41-

Due to NO

Due to NO

Other conditions Schizophrenia 7-1-41-x
(Include pregnancy within 3 months of death)

Major findings: 73
Of operations

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address St. Louis City Son Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed. *W.H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.